

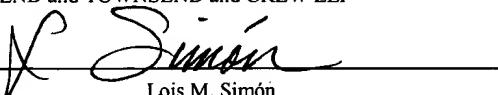


CERTIFICATE OF MAILING

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TOWNSEND and TOWNSEND and CREW LLP

By:



Lois M. Simón

PATENT

Attorney Docket No.: 02558B-063100US
Client Ref. No.: BRP00064

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael I. Watkins et al.

Application No.: 09/548,883

Filed: April 13, 2000

For: MULTI-ANALYTE DIAGNOSTIC
TEST FOR THYROID DISORDERS

Customer No.: 20350

Confirmation No. 7641

Examiner: Gabel, G.

Technology Center/Art Unit: 1641

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

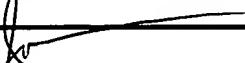
Remarks/Arguments begin on page 3 of this paper.

200/1641
AC

PTO/SB/21 (09-04)

O I P E TRANSMITTAL FORM MAY 02 2005 <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/548,883
		Filing Date	April 13, 2000
		First Named Inventor	Watkins, Michael L.
		Art Unit	1641
		Examiner Name	Gabel, G.
Total Number of Pages in This Submission	4	Attorney Docket Number	02558B-063100US

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel G. Ackerman		
Date	4/29/05	Reg. No.	24,307

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Typed or printed name	Lois M. Simón	Date	4/29/05